

## **Option 2. Billing Instructions for HCFA 1500**

### Field/Number - Narrative Description

- 1) Insured's I.D. Number: This field should include the client ID # from the authorization received. While not a required field, this information may be helpful particularly if other items do not match.
- 2) Patient's Name: Please use the child's name from the authorization document.
- 3) Patients Birth Date/Sex: Enter the patient's birth date in a MM/DD/YY format, and enter a check mark in the appropriate sex block. Items 4 through 18 of HCFA are either not applicable or not required for early intervention services.
- 19) Please add the therapists name. Items 20 through 22 of HCFA are either not applicable or not required early intervention services.
- 23) Prior Authorization Number - THIS FIELD MUST BE USED FOR THE CFO AUTHORIZATION NUMBER. This must be included.
- 24 (a) Field of service should be in the mm/dd/yy format (04/01/02.) For service coordination only, the date on the claim form should be the last day of the month or the last day of the authorization whichever occurs first
- 24 (c) Type of service: Not applicable
- 24 (d) Procedure Code is either the code listed in the authorization section or may detail a specific HCPCS code used in the Medicaid billing system.
- 24 (e) Optional for Early Intervention
- 24 (f) Charges must reflect the total charges for that service encounter. For example, if your charges for speech therapy services, special purpose center are \$16.00 per 15 minute increment please put \$64 for charges for 60 minutes. Services must be in accordance with the providers' usual and customary charges. Payments will reflect the lessor of the provider's usual and customary charge or the First Steps maximum rate. Bill the actual time delivered in minutes. The system will round down to the nearest fifteen-minute increment.
- 24 (g) Days or Units must be referenced in minutes, not in units. This column will be blank for service coordination. This is the most common problem on HCFA 1 500 claim submissions and is the primary cause for payment delays or rejections.
- 25 Federal Tax I.D. Number- Is a required field and reflects the taxpayer ID of the payee.
- 26 Patient account number is an optional field and is used at the provider's discretion. Item 27 of HCFA is not applicable or not required early intervention services.
- 28 Total charges: should reflect the sum of line items on the claim. If the two do not match the individual line items will take precedence.
- 29 Amount Paid: Less insurance or other applicable credits should be used when applicable.
- 30 Balance Due: Charges should be the result of subtracting "less amount paid" from "total charges".
- 31 A provider's signature must be included. The signature may be that of an administrative official within the organization who has the authority to sign on behalf of the individual practitioner. A certification statement provided later in this document may be completed allowing providers/payees to submit claims noting signature is on file.

DATE: Enter the date the claim was filed. REQUIREMENT: The date must be after the latest date entered in the billing section of the claim.

32 Name and Address of Facility where Services were rendered: While this field is optional, the information may be important for follow-up activity.

33 Physician's Supplier's Billing Name, Address, Zip Code & Phone. Enter the provider's Medicaid Number. Required.

Mail completed claims to:

CENTRAL FINANCE OFFICE  
C/O COVANSYS Software Services, Formerly known as PDA, Software Services  
PO Box 29134  
Shawnee Mission, KS 66201-9134  
866-711-2573 Option 1